

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED 9/2	1. DATE OF INCIDENT 20-DEC-2015		TIME 10:36:00	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 290		4. BEA/TOCCR 1631	
	5. POSITION 9161	6. LAST NAME HOLLAND	7. FIRST NAME LESLIE R	8. STAR NO. 9123	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE 503	12. HT. 180	13. WT.		
	14. DATE OF APPT. 05-FEB-2001	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 025	17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME HOLLAND	21. FIRST NAME JAMES	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 507	27. WT. 185			
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED?/KNIFE/OTHER CUTTING INSTRUMENT, VERBAL THREAT (ASSAULT), HANDS/ISTS <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? LUTHERAN GENERAL	34. BY WHOM? ER STAFF	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
	37. CHARGES PLACED 720 ILCS 5.0/12-2-C-1, 720 ILCS 5.0/12-3.3-A	38. DNA [REDACTED]	39. CB NO. 19239462	40. IR NO. [REDACTED]	41. DNA [REDACTED]						
	42. SUBJECTS ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	43. ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	44. ASSAULTANT:ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	45. ASSAULTANT:BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____	46. ASSAULTANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____						
	47. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLOS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____	48. PASSIVE RESISTER OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Confed Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	49. ASSAULTANT:ASSAULT ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	50. ASSAULTANT:BATTERY KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	51. ASSAULTANT:DEADLY FORCE FIREARM <input checked="" type="checkbox"/> OTHER _____						
52. DNA [REDACTED]	53. ADDITIONAL INFORMATION OFFENDER ARMED WITH KNIFE. APPROXIMATELY 13" IN LENGTH.										
54. POSITION [REDACTED]	55. STAR NO. [REDACTED]	56. UNIT [REDACTED]	57. WEATHER CONDITIONS CLEAR								
58. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	59. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	60. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	61. MAKE/MANUFACTURER STURM, RUGER & CO. (BEARCAT, BLACKHAWK, SPEED SIX)	62. MODEL LCP	63. BARREL LENGTH 2.75	64. CALIBER/GAUGE 380 ACP					
65. TASER QART ID NO. 37631272	66. WEAPON SERIAL No. (Include Letters) 37631272	67. CHICAGO GUN REG. NO. R030551S	68. IL FIREARM OWNER ID. NO. [REDACTED]	69. HANDGUN CERTIFICATE NO. [REDACTED]							
70. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	71. PROPERTY INVENTORY NO. [REDACTED]	72. TYPE OF AMMUNITION USED 380 CAL XX	73. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	74. TOTAL NO. OF SHOTS MEMBER FIRED 1							
75. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	76. WAS FIREARM RECHARGED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	77. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0	78. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	79. WEATHER CONDITIONS CLEAR							
80. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	81. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA	82. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	83. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO								
84. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DNA	85. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	86. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN									
87. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC	88. CPIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.										
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
SIGNATURES [REDACTED]	89. REPORTING MEMBER (Print Name) [REDACTED]	90. STAR/EMPLOYEE NO. 9123	91. SIGNATURE [REDACTED]	92. REVIEWING SUPERVISOR (Print Name) KERO, ROBERT A	93. STAR NO. 506	94. SIGNATURE [REDACTED]	95. DATE REVIEWED 20-DEC-2015 17:15:12	96. TIME 17:15:12			
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										

1084 1078530 15-26
7
A 44-11-1-A M
FEB 2015 17:15:12

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Offender currently hospitalized/being treated for a gunshot wound.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time, it is the preliminary determination of the undersigned that P.O. [REDACTED] acted in accordance with Department Policy in that P.O. [REDACTED] fired her weapon after offender, armed with a knife, approached P.O. [REDACTED] stating he would kill her and her children.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. [REDACTED] OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STAPLES, MELISSA A

SIGNATURE

DATE COMPLETED

TIME

20-DEC-2015 17:27:59

79. TOTAL TRR's THIS EVENT No.

1

1004 1078536 U# 15-26

Attachment 7